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 Headteacher: Mrs Sharon Nour

Inspired to learn, motivated to achieve.

7th May 2019

Dalham Hall Stud, Newmarket Trip

Hickling have been invited to visit Dalham Hall Stud in Newmarket on Monday 20th May. The children will need to come in school uniform wearing comfortable and sensible footwear. They will also need a waterproof coat and a drink. Lunch will be provided so please let us know of any dietary requirements e.g. vegetarian/vegan/intolerances etc. Also, as we will be in close proximity to horses, please let us know whether your child has any allergies.

We will be travelling by coach which leave school at 9:15am and return in time for the end of school. To help with the cost of this trip we are asking for a voluntary contribution of £10 per child. Please return the permission slip and contribution by Monday 13th May to Mrs Jarrett in the office.

Enhancing education

If parents whose children are entitled to free school meals require help towards the costs of these activities, please talk to the Headteacher **before** the event takes place for up to half funding.

Yours sincerely,

Charlotte Owen-Smith
 Teacher

Dalham Hall Stud Trip Monday 20th May 2019

Child(ren)'s name(s) _____

I give/do not give* permission for my child(ren) to attend Dalham Hall Stud on the 20th May 2019. I realise that my child(ren) will be transported to and from the event in a coach.

*delete as appropriate.

Dietary requirements

Allergies

Signed _____ Date _____

Parental Consent Form - Category A Visits

I give my consent for my child to attend Dalham Hall Stud,
Newmarket on Monday 20th May 2019

Signed Parent/carer Date

To be completed by the Visit Leader:

Please return to : _Charlotte Owen-Smith _ (Visit Leader) Tel No: __01328 701357

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: __Hickling Class _____ Place of visit: _Dalham Hall Stud, Newmarket ____

Date of Visit: Monday 20th May 2019

Method of travel: Coach(seat belts fitted as standard Yes/No)

To be completed by the Parent/Guardian

I am willing for my child _____ Class _____

to take part in the above visit/journey and, having read the information provided, I agree to his/her taking part in the activities described.

I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor Norfolk County Council, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Norfolk County Council, its employees or official volunteers.

I give/do not give* permission for photographs of my child to be taken by leaders or the Press.

I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only).

* please delete as appropriate

I agree to my child/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I understand the extent and limitations of the insurance cover provided.

Signature of Parent / Guardian: _____
(if participant is under 18)

Signature of Participant: _____

Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.